

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 01, 1999 8:00 am  
Secretary of State

09-01-1999 90009 027 \*\*\*150.00

DOCUMENT # S32205

Corporation Name

NAMRON, INC.

Principal Place of Business

CAPITOL CIRCLE NE  
TALLAHASSEE FL 32308

Mailing Address

2741 CAPITOL CIRCLE NE  
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1991

4. FEI Number

59-3051176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐

Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH. W. CRIT  
3520 THOMASVILLE RD.  
4TH FLOOR  
TALLAHASSEE FL 32308-3469

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PT  
NORMAN, DANIEL R  
5021 STONELLER RD  
TALLAHASSEE FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

VPT  
LA MONTAGNE, CRAIG  
2400-A RAMBLEWOOD CT  
TALLAHASSEE FL 32303

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

8/24/99

957-285-9993

CR2E034 (5/99)

# SCALES & TAILS®

A UNIQUE SEAFOOD RESTAURANT AND OYSTER BAR

S32205

611625-9009-27

August 24, 1999

Mr. Sean Toner  
Division of Corporations  
Annual reports filings  
PO Box 6327  
Tallahassee, Florida 32314-1500

Dear Mr. Toner,

We received our 1999 profit corporation annual report packet on Monday, August 23, 1999, which indicated on the cover that this was our second notice. We called 488-9000 number to inquire about this for as far as we can tell, we did not received the first notice. We spoke with Tina who advised us to send you the normal fee of \$150.00 and the completed form, which is included in this letter.

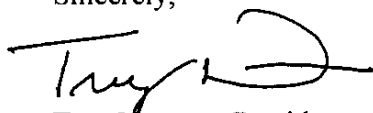
Our normal practice is to transmit all state forms and requirements as quickly as possible. You may investigate our eight year payment history with any of the various Florida Divisions that we interface with.

We are requesting that the normal fee be accepted in this matter as we did not receive the first notice for this filing.

If you require any additional information please call me at the number below.

Thank you for your assistance.

Sincerely,



Trey Norman, President